# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2005**
**Secretary of State**

DOCUMENT# N97000001558

**Entity Name:** THE EDMUND AND ELIZABETH CAMPBELL FOUNDATION, INC.

**Current Principal Place of Business:**

951 INLET CIR. DR.
VENICE, FL 34285

**New Principal Place of Business:**

951 INLET CIRCLE ROAD
VENICE, FL 34285

**Current Mailing Address:**

951 INLET CIR. DR.
VENICE, FL 34285

**New Mailing Address:**

951 INLET CIRCLE ROAD
VENICE, FL 34285

**FEI Number: 65-0753913** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, EDMUND B JR.
951 INLET CIR. DR.
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

CAMPBELL, EDMUND B JR.
951 INLET CIRCLE ROAD
VENICE, FL 34285 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 01/26/2005
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: CPTD ( ) Delete
Name: CAMPBELL, EDMUND B JR
Address: 951 INLET CIRCLE RD
City-St-Zip: VENICE, FL 34285

Title: VSD ( ) Delete
Name: CAMPBELL, ELIZABETH M
Address: 951 INLET CIRCLE ROAD
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: MCCULLOUGH, HEATHER R
Address: 710 ARMADA
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: CAMPBELL, EDMUND B
Address: 442 WESTGATE DR
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND B. CAMPBELL, JR. CPTD 01/26/2005
Electronic Signature of Signing Officer or Director — Date